

STANDARD CERTIFICATE OF DEATH

State File No. **41718**

FILED JAN 3 1951

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 3991	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BENTON			
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (In this place) Weeks		c. CITY (If outside corporate limits, write RURAL and give township) Lincoln		0080	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) ANN		b. (Middle) WISDOM		c. (Last) HUMPHREY		4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced - 3		8. DATE OF BIRTH Feb. 9, 1897	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY High School Teacher		9. AGE (In years last birthday) 53		11. BIRTHPLACE (State or foreign country) Benton Co. 0	
13a. FATHER'S NAME W. W. WISDOM				13b. MOTHER'S MAIDEN NAME IDA HARVEY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME W. W. Wisdom			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction ANTECEDENT CAUSES Adenocarcinoma of ovaries over 2 years DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 174X	
19a. DATE OF OPERATION 11/20/48		19b. MAJOR FINDINGS OF OPERATION Carcinoma of both ovaries				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Accident		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) August 1950	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from November 1948 , to Dec 14, 1950 that I last saw the deceased alive on Dec 13, 1950 , and that death occurred at 3:30A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) A. L. Walter MD				23b. ADDRESS Sedalia Mo		23c. DATE SIGNED Dec. 15, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 16, 1950		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) Lincoln Benton Co. Mo.	
DATE REC'D BY LOCAL REG. 12-16-1950		REGISTRAR'S SIGNATURE A. J. Campbell, MD		25. FUNERAL DIRECTOR'S SIGNATURE John F. Reser		ADDRESS Lincoln, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-251

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 1-251

MAR 7 1951
JUL 10 1951
MAR 17 1951

MAR 13 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Signed

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Wausau

Signed
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.